



Dear Friends,

Dust off your telescope and discover the incredible mysteries of the final frontier! Join our church for a week of searching the visible to discover the invisible at Lifeway's Galactic Starveyors for Vacation Bible School. Kids will begin each day at Worship Rally. From Worship Rally, kids will gather at the Starveyors Clubhouse where they will explore God's word. Each day kids will encounter amazing and wonderful things designed by a Creator who is even bigger than the vastness of His creation, as well as make crafts, play fun games, enjoy tasty snacks, sing cool songs, and learn about missions. Kids will discover that the God who created everything there is--the knowable and the unknowable, the visible and the invisible--wants a relationship with them!

When: Monday, August 21st – Friday, August 25th
Time: 9:00am – 12:30 pm (Please be prompt so your child doesn't miss a single moment of VBS!)
Where: Living Faith Community Church @ Temple Beth Shalom
172nd St. and Northern Blvd.
Ages: Entering Pre-K (potty trained) – entering 6th grade
Cost*: \$20 for 1st child in the household, \$15/child for each additional child

Registration opens June 2nd, 2017. The registration & payment deadline is July 31st. We encourage registering early because space is limited. To register your child online go to our VBS page on our website: www.lfcc.net, or mail the enclosed application form, signed health permission form, and payment to the address listed on the application. Your registration is not complete unless you have filled in and signed the health permission form and have sent a payment to the address listed on the application.

IMPORTANT

Please indicate if your child currently holds an IEP and will need personal assistance, so that we can provide the best care for your child!

If you have any questions, please contact the church office at (516) 321-9696 or e-mail at admin@lfcc.net.

Blessings,
The Vacation Bible School Ministry Team

**Reduced rates are not available regardless if a child attends for one day or the full week.*

**Financial assistance is available. For more info, email: admin@lfcc.net.*

**There are no refunds. Should you need to cancel, your registration fee will be used to provide for another child who needs a scholarship.*



1901 Northern Blvd., Manhasset, NY 11030 T| 516.321.9696 F| 866.784.3609 W| www.lfcc.net

Vacation Bible School 2017 – REGISTRATION & HEALTH FORM

Please fill out ONE form (both sides) for each child that you are registering. Please print neatly.

Child's Name: _____

Address: _____

Birthdate (mm/dd/yyyy): ____ / ____ / _____ Age: _____

Participant T-shirt size: ____ X-Small ____ Small ____ Medium ____ Large ____ X- Large

Grade ENTERING into in September 2017: _____

Parent/Guardian Name: _____

Home Phone: _____ Cell Phone: _____

Work Phone: _____ Email: _____

Church Currently Attending (if any): _____

Emergency Contact Name: _____

Emergency Contact Phone: _____

Please list any health conditions, allergies, food restrictions or other special needs (Including IEPs). Please also describe the allergic reaction if ingested:

Medications:

Hospital Insurance? Yes ____ No ____

Insurance Company _____

Physician Name and Telephone Number _____

Mail registration form and signed health/permission form with payment by July 31st.

Registration Fee*

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Please make checks payable to "Living Faith Community Church"

**Mail forms to: Living Faith Community Church
1901 Northern Blvd.
Manhasset, NY 11030**

**Email forms to: admin@lfcc.net
Fax forms to: (866) 784-3609**

Any questions, please email Sarah Chen, admin@lfcc.net



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Permission Form

As the parent or legal guardian of _____ I consent that my child can participate in the Vacation Bible School Program at Living Faith Community Church from August 21-25, 2017. I represent that my child is physically fit and can safely participate in these activities.

If, in the event of accidental illness or injury, I authorize adult leaders of this ministry to consent for medical treatment for my child and to exercise their reasonable judgment as to appropriate medical care. I also agree to pay all costs and expenses incurred for such services. I understand that in such an event, I will be contacted as soon as possible. Adult leaders of this ministry also have my permission to sign any waiver of liability which may be required. I agree to hold harmless and blameless, the leadership of Living Faith Community Church (including members of ministry teams and any additional adults participating in or providing assistance to the activity) from any injury or illness resulting from participation in this activity. I waive all rights to any civil action against the above mentioned parties.

The authorization for consent will be in effect from the date of signature until August 25, 2017.

(Printed Name of Parent/Guardian)

(Signature of Parent/Guardian)

Date: _____

Photo Disclaimer:

During the duration of our VBS, photos and videos will be taken to share on our closed VBS Facebook page and for a slideshow presentation that will be shared the Sunday following our VBS. These photos/videos will not be shared anywhere else.